

REQUEST FOR NCIC (BACKGROUND) CHECK

Top portion to be completed by Employee and POC

FULL Name: _____

SSN: _____

DOB: _____

AKA: _____

DL# & STATE OF ISSUE: _____

STATES RESIDED IN THE LAST 7 YEARS: _____

NAME & TITLE OF POC: _____

CONTRACTOR ORGANIZATION & TEL#: _____

PHYSICAL SECURITY SECTION

SIGNATURE OF REQUESTOR: _____

REASON FOR REQUEST: To maintain positive control of contractors within the installation.

Notice: Authority under Title 44 U.S. Code. The information contained on this request is intended for the sole purpose of the requester to ensure contractors are in compliance with Directive-Type Memorandum (DTM) 09-012, Interim Policy Guidance for DoD Physical Access Control. Information is mandatory to enable the issue of a FT Jackson Contractor's Badge and will be secured until no longer needed at which time it will be destroyed in accordance with policy and directives.